IPDR6702				NORTH CAROLINA		PAGI	E: 1	
	: 03/13/2005			RS CHECKWRITE SUMMARY REPORT				
			C	CHECKWRITE DATE: 03/15/2005	-			
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		8505	1	CLAIM DENIED DUE TO INSUFFICIE				
3404501	SMOKY MOUNTAINM H/DD/SAS	8303	1	NT BUDGET				
	R/DD/SAS							
		0	0		0	1	4	3
3404904	WESTERN HIGHLAN	8505	269	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		11	19	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE	0	303	415	112
		8622	10	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED	1			-
				FOR ADDITIONAL SERVICE.	1			
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
					1			
		0	0		0	0	0	)
						-	-	
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910		8505	2002	CLAIM DENIED DUE TO INSUFFICIE				
	PATHWAYS			NT BUDGET				
		0.000	0.00					
		8800	227	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	3	2500	4505	2005
				FUTURE RA'S.				
		8599	135	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII INCHAGE.				
3404912	CATAWBA COUNTYM	8505	659	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		11	51	CLIENT NOT ELIGIBLE ON SERVICE	30	760	1181	421
				DATE				
					1			
		8931	27	AMTNC INELIGIBLE TO RECEIVE SE	1			
				RVICES IN IPRS.				
3404913		8329	1	CLAIM DENIED ATTENDING PROVIDE	1			
	MECKLENBURG COM ENTAL HEALT		-	R CANNOT BE THE SAME AS	1			
				THE LMA	1			
		0	0		0	1	1	. 0
3404916	CROSCROADS PRINT	8599	102	DETAIL NOT COVERED BY COMBINAT	1			
	CROSSROADS BEHA VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND	1			
				BENEFIT PACKAGE.				
		24	52	DUDY TO A DI O D		-		
		21	53	DUPLICATE OF CLAIM-SYSTEM	13	295	1974	1 1679
					1			
		8000	45	NO RATE AVAILABLE ON FILE TO P				
		8000	45	NO RATE AVAILABLE ON FILE TO P				

STATESTICAL								TOTAL	TOTAL
March   Marc	ROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL		CLAIMS
Marche   150   1	JMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION				PAID
Marche   150   1									
100   100	104917	CENTERPOINT HUM	8599	196					
1		AN SERVICES							
24 A DESCRIPTION OF REPORTS  25 A DESCRIPTION OF REPORTS OF THE PROPERTY OF TH					BENEFIT PACKAGE.				
24 A DESCRIPTION OF REPORTS  25 A DESCRIPTION OF REPORTS OF THE PROPERTY OF TH			120	35	CLIENT ID NUMBER MISSING OR IN	0.4	250	2024	0.465
24. A. MAN COLLEGATION OF THE CO		+				34	359	2824	2465
1.1.									
1.1.		+							
AUSSIED   AUSTINOMATO ON   \$155   17			27	34	DIAGNOSIS CODE MISSING OR INVA				
1001014   100101400   100					LID. VERIFY AND ENTER THE				
14400   14   14   14   14   14   14					CORRECT DIAGNOSIS CODE AND SUB				
14400   14   14   14   14   14   14									
100   14	104918		8505	47					
ALAMANCH CANNAL   151		ENTAL HEALT			NT BUDGET				
			8800	24	FURTHER PROCESSING NECESSARY,		114	505	401
						U	114	595	481
		+							
TAL MALTING    10   10   07 MICHINET, PROVIDER AND			21	24	DUPLICATE OF CLAIM-SYSTEM				
TAL MALTING    10   10   07 MICHINET, PROVIDER AND		<u> </u>							
75. BEALTHY  75. BEALTHY  76. BEALTHY  77. B									
SEMEST PACAGAS.	104919	GUILFORD CO MEN	8599	247					
10   13   44   SUPLICATE OF CLAIM-SYSTEM   31   466		TAL HEALTHC							
10 33 DIAGNOSIS ON BENVICE INVALID F  10 00 CLAIM CRITECT FOR 10 10 10 10 10 10 10 10 10 10 10 10 10					BENEFIT PACKAGE.				
10 33 DIAGNOSIS ON BENVICE INVALID F  10 00 CLAIM CRITECT FOR 10 10 10 10 10 10 10 10 10 10 10 10 10		-	21	4.4	DUDITCATE OF CLAIM-SYSTEM				
OR CLIENT MORE VERTEY CID.		+				31	404	4351	3947
OR CLIENT MORE VERTEY CID.		+	+			1			
OR CLIENT MORE VERTEY CID.		+							
		+	10	33	DIAGNOSIS OR SERVICE INVALID F				
ALAMANCE CADMEL   \$505   \$609   CLAIM DENIED DUE TO INSUFFICIE									
D. ANSA MIL D  21 179 NUPLICATE OF CLAIM-SYSTEM  21 179 NUPLICATE OF CLAIM-SYSTEM  3 1416  3599 153 DETAIL NOT COVERED BY COMBINAT  100 OF RECIPIENT, PROVIDER AND  88091 153 PRICE AUTHORISED DOLLARS EXCEE  23 2351  3604921 NATURAL AREA  3505 419 CLAIM DENIED DUE TO INSUFFICIE  23 2351  370 DETAIL NOT COVERED BY COMBINAT  100 OF RECIPIENT, PROVIDER AND  88092 131 DETAIL NOT COVERED BY COMBINAT  100 OF RECIPIENT, PROVIDER AND  100 OF RECIPIENT,					DIAGNOSIS, PROCEDURE CODE FOR				
D. ANSA MIL D  21 179 NUPLICATE OF CLAIM-SYSTEM  21 179 NUPLICATE OF CLAIM-SYSTEM  3 1416  3599 153 DETAIL NOT COVERED BY COMBINAT  100 OF RECIPIENT, PROVIDER AND  88091 153 PRICE AUTHORISED DOLLARS EXCEE  23 2351  3604921 NATURAL AREA  3505 419 CLAIM DENIED DUE TO INSUFFICIE  23 2351  370 DETAIL NOT COVERED BY COMBINAT  100 OF RECIPIENT, PROVIDER AND  88092 131 DETAIL NOT COVERED BY COMBINAT  100 OF RECIPIENT, PROVIDER AND  100 OF RECIPIENT,									
	104920		8505	1069					
		L AREA MH D			NT BUDGET				
			21	179	DUPLICATE OF CLAIM-SYSTEM	-	4406	4070	506
SON OF RECEIVENT, PROVIDER AND				2.72	both of chill of chill	5	1436	1972	536
SON OF RECEIVENT, PROVIDER AND		+							
ION OF RECEIPENT, PROVIDER AND		+							
		+	8599	153	DETAIL NOT COVERED BY COMBINAT				
3404921 ORANGE PERSON C 5312 1213 FRIOR AUTHORIZED DOLLARS EXCEE					ION OF RECIPIENT, PROVIDER AND				
NATHAM AREA					BENEFIT PACKAGE.				
NATHAM AREA									
	104921		5312	1213					
NT BUDGET 2.3 2.131  NT BUDGET 2.3 2.131  NT BUDGET 2.3 2.131  NT BUDGET 3.599  131 DETAIL NOT COVERED BY COMBINAT 3.500  DETAIL NOT COVERED BY COMBINAT 3.500  DATE 3.500  THE DURHAM CENT 3.1 1.629  CLIENT NOT ELIGIBLE ON SERVICE 3.500  ER 3.500  DATE 3.500  DATE 3.500  DETAIL NOT COVERED BY COMBINAT 3.500  DATE 3.500  DETAIL NOT COVERED BY COMBINAT 3.500  DETAIL NOT COVE		HATHAM AREA			DED				
NT BUDGET 2.3 2.131  NT BUDGET 2.3 2.131  NT BUDGET 2.3 2.131  NT BUDGET 3.599  131 DETAIL NOT COVERED BY COMBINAT 3.500  DETAIL NOT COVERED BY COMBINAT 3.500  DATE 3.500  THE DURHAM CENT 3.1 1.629  CLIENT NOT ELIGIBLE ON SERVICE 3.500  ER 3.500  DATE 3.500  DATE 3.500  DETAIL NOT COVERED BY COMBINAT 3.500  DATE 3.500  DETAIL NOT COVERED BY COMBINAT 3.500  DETAIL NOT COVE									
NT BUDGET 2.3 2.131  NT BUDGET 2.3 2.131  NT BUDGET 2.3 2.131  NT BUDGET 3.599  131 DETAIL NOT COVERED BY COMBINAT 3.500  DETAIL NOT COVERED BY COMBINAT 3.500  DATE 3.500  THE DURHAM CENT 3.1 1.629  CLIENT NOT ELIGIBLE ON SERVICE 3.500  ER 3.500  DATE 3.500  DATE 3.500  DETAIL NOT COVERED BY COMBINAT 3.500  DATE 3.500  DETAIL NOT COVERED BY COMBINAT 3.500  DETAIL NOT COVE			8505	419	CLAIM DENIED DUE TO INSUFFICIE				
ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  14		+				23	2151	4473	2322
ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  3404922 THE DURHAM CENT 11 1629 CLIENT NOT ELIGIBLE ON SERVICE ER  DATE  ER  8599 622 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  RITY  NT BUDGET  NT BUDGET  RITY  S599 54 DETAIL NOT COVERED BY COMBINAT O 3204  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  NT BUDGET  O 1245  O 245  O 10 OF RECIPIENT, PROVIDER AND O 245  O 15 FURTHER PROCESSING NECESSARY,		<del> </del>	+						
ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  3404922 THE DURHAM CENT 11 1629 CLIENT NOT ELIGIBLE ON SERVICE ER DATE  BESSON		+							
ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  11 1 1629 CLIENT NOT ELIGIBLE ON SERVICE  ER DATE  BATE  BENEFIT PACKAGE.  10 0 3204  10 0 FRECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  10 0 3204  10 0 FRECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  10 0 3204  10 0 FRECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  10 0 BENEFIT PACKAGE.  11 0 BENEFIT PACKAGE.  12 0 BENEFIT PACKAGE.  13 0 BENEFIT PACKAGE.  14 0 BENEFIT PACKAGE.  15 0 DETAIL NOT COVERED BY COMBINAT  16 0 DETAIL NOT COVERED BY COMBINAT  17 0 DETAIL NOT COVERED BY COMBINAT  18 0 DETAIL NOT COVERED BY COMBINAT  29 0 DETAIL NOT COVERED BY COMBINAT  20 0 DETAIL NOT COVERED BY COMBINAT  20 0 DETAIL NOT COVERED BY COMBINAT  21 0 DETAIL NOT COVERED BY COMBINAT  22 0 DETAIL NOT COVERED BY COMBINAT  23 0 DETAIL NOT COVERED BY COMBINAT  24 0 DETAIL NOT COVERED BY COMBINAT  24 0 DETAIL NOT COVERED BY COMBINAT  24 0 DETAIL NOT COVERED BY COMBINAT  25 0 DETAIL NOT COVERED BY COMBINAT  26 0 DETAIL NOT COVERED BY COMBINAT  27 0 DETAIL NOT COVERED BY COMBINAT  28 0 DETAIL NOT COVERED BY COMBINAT  39 0 DETAIL NOT COVERED BY COMBINAT  30 0 DETAIL NOT COVERED BY COMBINAT  31 0 DETAIL NOT COVERED BY COMBINAT  30 0 DETAIL NOT COVERED BY COMBINAT  30 0 DETAIL NOT COVERED BY COMBINAT  31 0 DETAIL NOT COVERED BY COMBINAT  32 0 DETAIL NOT COVERED BY COMBINAT			8599	131					
3404922 THE DURHAM CENT 11 1629 CLIENT NOT ELIGIBLE ON SERVICE		<u> </u>							
DATE					BENEFIT PACKAGE.				
DATE	-	<u> </u>		1.500					
S599   622   DETAIL NOT COVERED BY COMBINAT   0   3204	104922		11	1629					
ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  B505 426 CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  NT BUDGET  3404923 VCFW AREA AUTHO 8505 135 CLAIM DENIED DUE TO INSUFFICIE  RITY  NT BUDGET  NT BUDGET  O 245  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.		ER			DAIL				
ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  B505 426 CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  NT BUDGET  3404923 VCFW AREA AUTHO 8505 135 CLAIM DENIED DUE TO INSUFFICIE  RITY  NT BUDGET  NT BUDGET  O 245  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.									
ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  B505 426 CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  NT BUDGET  3404923 VCFW AREA AUTHO 8505 135 CLAIM DENIED DUE TO INSUFFICIE  RITY  NT BUDGET  NT BUDGET  O 245  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.		+	8599	622	DETAIL NOT COVERED BY COMBINAT	_	207	0	
BENEFIT PACKAGE.  8505 426 CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  NT BUDGET  3404923 VGFW AREA AUTHO 8505 135 CLAIM DENIED DUE TO INSUFFICIE  RITY  NT BUDGET  0 245 100 OF RECIPIENT, PROVIDER AND 8509 15 FURTHER PROCESSING NECESSARY,		+				0	3204	8646	5442
### \$505   426   CLAIM DENIED DUE TO INSUFFICIE									
NT BUDGET  NT BUDGET  NAME AND STATE AUTHO 8505 135 CLAIM DENIED DUE TO INSUFFICIE  RITY  NT BUDGET  NT BUDGET  NT BUDGET  NT BUDGET  O 245  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  8800 15 FURTHER PROCESSING NECESSARY,		†							
3404923 VGFW AREA AUTHO 9505 135 CLAIM DENIED DUE TO INSUFFICIE  RITY  NT BUDGET  NT BUDGET  O 245  ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  8800 15 FURTHER PROCESSING NECESSARY,			8505	426	CLAIM DENIED DUE TO INSUFFICIE				
RITY NT BUDGET  8599 54 DETAIL NOT COVERED BY COMBINAT 0 245  10N OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  8800 15 FURTHER PROCESSING NECESSARY,					NT BUDGET				
RITY NT BUDGET  8599 54 DETAIL NOT COVERED BY COMBINAT 0 245  10N OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.		<u> </u>							
RITY NT BUDGET  8599 54 DETAIL NOT COVERED BY COMBINAT 0 245  10N OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.	104022	<u> </u>	0505	125	CLAIM DENIED DUE NO INCURRINGE				
8599 54 DETAIL NOT COVERED BY COMBINAT 0 245  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  8800 15 FURTHER PROCESSING NECESSARY,	104923		8303	133					
ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  8800 15 FURTHER PROCESSING NECESSARY,		RITY			MI DODGEI				
ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  8800 15 FURTHER PROCESSING NECESSARY,		+	+						
ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  8800 15 FURTHER PROCESSING NECESSARY,		-	8599	54	DETAIL NOT COVERED BY COMBINAT	_	0.45	2210	1867
BENEFIT PACKAGE.  BENEFIT PACKAGE.  BENEFIT PACKAGE.  BENEFIT PACKAGE.		<del> </del>	+			0	245	2210	1867
		†							
		†							
PLEASE CHECK FOR CLAIM ON			8800	15					
FUTURE RA'S.					FUTURE RA'S.				

PROVIDER		UTCU DENITAT	NIIMDED OF				TOTAL	TOTAL
NUMBER		HIGH DENIAL	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
0.10.1005		0.5.0.5	244.0					
3404925	SANDHILLS CENTE	8505	3119	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	326	DETAIL NOT COVERED BY COMBINAT	71	3831	8594	476
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	99	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404926	SOUTHEASTERN RE	8505	1567	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
	G MENTAL III							
		11	213	CLIENT NOT ELIGIBLE ON SERVICE	41	2357	4795	243
			-	DATE	41	2357	4/95	243
		0.1	1.67	DUPLICATE OF CLAIM-SYSTEM				
		21	167	DOINTCRIE OF CHAIM-SISTEM				
0.40.4		0505	2005					
3404927	CUMBERLAND CO M	8505	2287	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	152	DETAIL NOT COVERED BY COMBINAT	0	2608	4669	204
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	148	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
				FOTORE RA S.				
0.40.4000		0.54.5	4.4.0					
3404929	LEE HARNETT MH/	8517	112	CLAIMS DENIED, SUBMITTED BEYON				
	DD/SAS			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8518	33	CLAIM DENIED, SUBMITTED BEYOND	0	189	970	78
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	17	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	TOUNGMON GOVERNY	8599	96	DETAIL NOT COVERED BY COMBINAT				
	JOHNSTON COUNTY			ION OF RECIPIENT, PROVIDER AND				
	MNTL HLTHC			BENEFIT PACKAGE.				
				DENELT INCINCE.				
		8931	83	AMTNC INELIGIBLE TO RECEIVE SE				
		0551	0.5	RVICES IN IPRS.	125	295	1762	146
	-			ATTODO IN TINO.				<b>I</b>
			1					
		1.0	22	DINGWOOTS OF SERVICE				
		10	23	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,				
		1	1	TOR CLUENT AGE, VERLEY CTD.		l .		1
				DIAGNOSIS, PROCEDURE CODE FOR				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC	11	959	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE				
3404931		11	959	DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC	11	959	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE				
3404931		11	959	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE				
3404931		11	959	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE	69	1169	1792	5.5
3404931				DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE	69	1169	1722	55
3404931				DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT	69	1169	1722	55
3404931				DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	69	1169	1722	55
3404931		8599	101	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	69	1169	1722	55
3404931				DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE	69	1169	1722	55
3404931		8599	101	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	69	1169	1722	55
3404931		8599	101	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE	69	1169	1722	55
		8599 8591	101	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE  EVICES IN IPRS.	69	1169	1722	55
		8599	101	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE	69	1169	1722	55
	BILLING OF	8599 8591	101	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE  EVICES IN IPRS.	69	1169	1722	55
	BILLING OF	8599 8591	101	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE  EVICES IN IPRS.	69	1169	1722	55
3404931	BILLING OF	8599 8591	101	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE  EVICES IN IPRS.	69	1169	1722	55
	BILLING OF	8599 8591	101	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE  EVICES IN IPRS.	69	1169		
	BILLING OF	8599 8931	101	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE  EVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT	8505	875	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		0.000	206	THE THE PROPERTY OF THE PROPER				
		8800	286	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	9	1955	5045	3090
				FUTURE RA'S.				
		8599	268	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934		8329	49	CLAIM DENIED ATTENDING PROVIDE				
3404334	ONSLOW COUNTY B EHAVIORAL H	0323	13	R CANNOT BE THE SAME AS				
	EHAVIORAL H			THE LMA				
		8505	40	CLAIM DENIED DUE TO INSUFFICIE	6	128	1374	1246
				NT BUDGET				
		11	1.3	CLIENT NOT ELIGIBLE ON SERVICE				
	+	11	13	DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	U		0	0	0	0
3404936	WILSON-GREENE M	8505	186	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8931	20	AMTNC INELIGIBLE TO RECEIVE SE	31	235	1700	1465
				RVICES IN IPRS.				
		8932	9	CMTNC INELIGIBLE TO RECEIVE SE				
		0332		RVICES IN IPRS.				
3404937	EDGECOMBE NASH	8505	150	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET				
		21	134	DUPLICATE OF CLAIM-SYSTEM				
		2.1	131	DOTHICATE OF CHAIN SISTEM	1	301	882	581
		8599	7	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404938		21	22	DUPLICATE OF CLAIM-SYSTEM				
- 10 1000	VGFW DBA RIVERS		-					
	TONE COUNSE		+					
		8621	27	60 RESIDENTIAL LEVEL III TREAT	2	97	1836	1739
				MENT RECEIVED, PA IS REQUIRED			-	
				FOR ADDITIONAL SERVICE.				
	1	120	20	CLIENT ID NUMBER MISSING OR IN				
	_			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
	1							
3404939	NEUSE MENTAL HE	8599	53	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	16	CLIENT ID NUMBER MISSING OR IN				
		120	46	VALID. ENTER CID AND SUBMIT	2	234	3787	3553
	+		+	AS A NEW CLAIM				
	1	27	34	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				

							TOTAL	TOTAL
PROVIDER	1	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	FAID
3404941		8599	149	DETAIL NOT COVERED BY COMBINAT				
3404941	PITT CO MH/DD/S	0333	147	ION OF RECIPIENT, PROVIDER AND				
	AS CENTER							
				BENEFIT PACKAGE.				
		8329	141	CLAIM DENIED ATTENDING PROVIDE	83	588	2276	1688
				R CANNOT BE THE SAME AS				
				THE LMA				
	_	11	94	CLIENT NOT ELIGIBLE ON SERVICE				
		11	24					
				DATE				
3404942	ROANOKE CHOWANH	21	8	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
	UMAN SERVIC							
		8599	7	DETAIL NOT COVERED BY COMBINAT	9	30	466	436
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	+		1					
	+	8931	5	AMTNC INELIGIBLE TO RECEIVE SE				
	+		+	RVICES IN IPRS.				
				NVICES IN IFRS.				
			1					
3404943	ALBEMARLE MENTA	11	39	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE		1	DATE				
	T DEWTIL OF		1					
	+	_	+					
		0500	26	DETAIL NOT COVERED BY COMBINAT				
		8599	26		19	118	2468	1644
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	-	8931	16	AMTNC INELIGIBLE TO RECEIVE SE				
	_			RVICES IN IPRS.				
				RVICES IN IFRS.				
3404944	EASTPOINTE HUMA	8505	105	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
	N SERVICES							
		0500	4.5					
		8599	15	DETAIL NOT COVERED BY COMBINAT	10	134	1107	973
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE				
			-	RVICES IN IPRS.				
				NVICES IN IING.				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		+	1	1				
	+	+	+	+				
	+	0	0					
		· ·	·		0	0	0	0
	1		1					
	<u> </u>							
3404957	TIDELAND MENTAL	8599	60	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	+	_	+					
	+	0022	0	CMENC INFLICIDLE BO DECESSE OF				
		8932	o	CMTNC INELIGIBLE TO RECEIVE SE	10	71	2602	2531
			<u> </u>	RVICES IN IPRS.		<u> </u>	<u></u>	
					-			
	+	8931	2	AMTNC INELIGIBLE TO RECEIVE SE				
	+			RVICES IN IPRS.				
	+	+	+					
	+		+					
			1					
		8505	60	CLAIM DENIED DUE TO INSUFFICIE	<u></u>	<u></u>	<u></u>	<u></u>
3404979	NEW RIVER AREAM	( )		NT BUDGET				
3404979			1					
3404979	NEW RIVER AREAM H/DD/SA PRO							0
3404979								
3404979		8518	50	CLAIM DENIED SUBMITTED DEVOND				
3404979		8518	50	CLAIM DENIED, SUBMITTED BEYOND	8	194	1077	882
3404979		8518	50	FILING TIMELIMIT. MAY AND	8	194	1077	882
3404979		8518	50		8	194	1077	882
3404979		8518	50	FILING TIMELIMIT. MAY AND	8	194	1077	882
3404979				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	8	194	1077	882
3404979		8518	50	FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  DETAIL NOT COVERED BY COMBINAT	8	194	1077	882
3404979				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	8	194	1077	882